

MINUTES

UTAH BOARD OF NURSING EDUCATION COMMITTEE MEETING

May 18, 2007

**Room 475 – 4th Floor –2:00 P.M.
Heber Wells Building
Salt Lake City, UT 84111**

CONVENED: 2:00 p.m.

ADJOURNED: 4:06 p.m.

Bureau Manager:
Secretary:

Laura Poe
Connie Call

Conducting:

Diane Forster-Burke

Board Members Present:

Pam Rice
Mary Williams
Diane Forster-Burke
Helen Zsohar

Guests:

Debbie Edmunds, Mountainland ATC
Frances Swasey, College of Eastern Utah
Gary Measom, UVSC
Jean Dyer, Westminster College
Susan Labasky, SLCC
Wendy Paul, DATC/WSU
Donna Lister, SUU
Lisa Moon, BATC
Jayne Moore, Dixie State College
Amber Epling, Snow College
Maureen Keefe, University of Utah
Susan Beck, University of Utah

TOPICS FOR DISCUSSION

NEW BUSINESS:

March 30, 2007 Minutes:

Discussion regarding rules that need to be written or amended:

DECISIONS AND RECOMMENDATIONS

The March 30, 2007 minutes were approved as written. Approval was unanimous.

The Education Committee has been discussing various educational issues such as: 1) setting a pass rate for programs and what DOPL can do if the pass rate is low; 2) how much clinical time on simulators should be allowed; 3) hands on clinical verses observation; 4)

how long after completing a program should a graduate be allowed to test; and 5) standards for approval of new programs.

NCLEX Passing Standards:

The members of the Education Committee are suggesting the NCLEX passing standard for a nursing education program be set at 5% below the national average. The passing standard would be trended for a two year period of time or three graduation cycles, whichever is first. After the second graduating cycle or year of pass rates below the standard, the program would receive a letter of concern from the Board of Nursing and DOPL. After the third low pass rate, the program would be required to submit a plan of correction. Those in attendance expressed agreement with the proposed standard.

The question of whether a different standard should be applied to those programs with provisional approval verses those with full approval was raised. All agreed that a stricter standard/process should be applied to provisionally approved programs. After the first below standard pass rate is observed, a letter of concern should be sent to the provisionally approved program. After the second below standard pass rate, the program would be required to submit a corrective action plan. If the pass rate is still below the standard after the third graduating cycle or within a two year period of time, the program would not be allowed to accept any new students and must meet the standard with the existing students. If the standard is not met, the program would be closed. It appeared those in attendance agreed with this proposal.

Discussion regarding the appropriate length of time from graduation and taking and passing the NCLEX:

Current law and rule does not limit the number of times a person can attempt to pass the NCLEX examination or the length of time from graduation in which an individual must pass the exam to be eligible for licensure. NCLEX statistics indicate a person is more likely to pass the examination the sooner after graduation the test is taken. Also, the more times a person fails the exam, the less likely he/she is to pass the exam. Based on these statistics, participants recommended that no limit be placed on the number of times a person can take the NCLEX examination. However, an individual should take the exam within 2

years of graduation. Remediation from an educational institution would be appropriate for a person who can't or hasn't passed the examination 2 – 5 years from graduation. After 5 years from graduation, a person who has not successfully completed the NCLEX examination process should be required to complete a new nursing education program. The knowledge, technology, and skills necessary to safely practice nursing change so quickly, to ensure a person is competent to practice, limiting the time between graduation and taking the NCLEX examination is in the public's best interest.

A few of the participants expressed concern that a 2 year limit to take the examination did not take into account life experiences and possible situations that could occur. The majority however, believe that two years was sufficient time to take the exam.

Reinstatement of licensure process:

The current laws and rules regarding reinstatement of licensure were explained. There was consensus agreement that after five years a person should document, either by education or examination, current competency before being able to reinstate a nursing license. There was not agreement as to whether the NCLEX exam or a refresher program, or a combination of both, was the appropriate mechanism to document competency after five years. The group did agree with the recent Rule change that requires completion of an approved nursing education course after 15 years out of practice, but suggested the Committee look at revising the timeframe to 10 years. Several participants suggested that nurses should keep their licenses active by completing continuing education.

Questions were raised regarding availability of approved refresher programs. Weber State University is the only program available in Utah. Ms. Rice offered a synopsis of the WSU refresher program and indicated most people complete it in six months. Refresher programs and states have varying required practice hours without an explanation for how the number of hours was chosen. The programs look to the state to determine the number of practice hours needed to document competency. It is impossible for

the Board of Nursing to know the exact number of hours required for each individual to become “refreshed” and competently skilled to perform nursing functions. Dr. Susan Beck stated the safeguard for reinstatement of licensure is the employer who must look at the years since active practice and provide an appropriate orientation.

Clinical Experiences:

Simulation:

In the past, the Board/DOPL approved an educational program to offer 30% of the clinical hours via skills lab/simulation. The NCSBN recommends no more than 25% of clinical hours be completed in a skills lab or by simulation. 25 – 30% clinical hours via skills lab/simulation was agreed upon by the participants with a caution that the simulation hours needed to be active, done in small groups with a nursing faculty member providing guidance and teaching throughout the simulated experience. One participant noted that a simulated experience should supplement the clinical experience, not replace it.

Clinical placements:

The Board and DOPL are concerned with appropriate clinical placements. Some programs have requested to place students in the clinical setting only on weekends and/or the graveyard shift. Board members are concerned that students with this limited exposure to the health care system would not be adequately prepared, and would not have adequate patient care experiences to meet the outcome objectives of any program. An intensive acuity care setting such as the ER or ICU may provide appropriate clinical experiences in the medical-surgical area, but a hospital floor or long-term care facility would not have sufficient activity during the graveyard shift to provide students with adequate clinical practice. Dr. Gary Measom suggested utilizing a variety of shifts, week days, and weekends, to provide a more realistic clinical experience.

Several suggestions were made regarding alternative or community settings that could be used for clinical experience. Dixie College is utilizing community experiences to expose students to pediatric care.

Observational clinical experiences vs. hands on experience:

Committee members recently discovered that one program was only providing observational experience in the area of maternal child. The program indicated the clinical settings would only allow one or two students per shift. The program did not have the faculty resources or clinical placements to allow for on-site supervision by a faculty member as would be required with a hands-on clinical experience. Several participants indicated that a well developed faculty directed, simulated experience would provide more knowledge and skill development than observational clinical experiences. Dr. Zsohar stated that observational clinical experiences do not have to be a passive activity, but can be an active learning experience if students are required to do something, such as answering questions.

Use of Preceptors:

Recently the Board/DOPL was asked to approve an out-of-state program that offered a LPN to BSN online program with precepted clinical experiences. Board members were concerned with the program because of the use of preceptors for all clinical experiences. They believed that on-site clinical faculty were necessary to obtain the foundational clinical skills and knowledge. Board members support the use of preceptors during the last clinical capstone experience. Dr. Dyer expressed concern that a preceptor based program was no different than the old diploma programs that haven't been recognized by our state for a number of years. She questioned why the nursing profession would consider going backwards and taking education programs out of the academic setting.

Frances Swasey was concerned that if a student is only exposed to one preceptor, the student would only learn how that nurse organizes and provides care. There is value working with a number of nurses and adopting best practices from various people.

The general group consensus was that faculty members should be on-site during the foundational courses. LPN licensure was not considered to be foundational to RN practice, therefore, a LPN to RN

program needed to include on-site clinical faculty. A RN to BSN program could utilize preceptors throughout the program.

Several participants thanked the committee members for the opportunity to meet and dialog together. They expressed a desire to continue to have meetings with the Committee or Board to discuss various issues. Dr. Susan Beck requested that the agenda for the next group meeting include the qualifications for clinical instructors.

Ms. Forster-Burke thanked everyone for their time and participation in the discussion.

Note: These minutes are not intended to be a verbatim transcript but are intended to record the significant features of the business conducted in this meeting. Discussed items are not necessarily shown in the chronological order they occurred.

August 3, 2007

Diane Forster-Burke, Chair Education Committee, Board of Nursing

August 3, 2007

Laura Poe, Bureau Manager, Division of Occupational & Professional Licensing